

In The United States Court of Federal Claims
Form 2
Cover Sheet

Plaintiff(s) or Petitioner(s)

Names: Sharna Christe Potter

Location of Plaintiff(s)/Petitioner(s) (city/state): Oroville, ca,

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): Self

Firm Name: pro-se

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box:

7 Gillette Way

Street Address:

Oroville, ca, 95965

City-State-ZIP:

530-8210-10659

Telephone Number:

Boyfriend not incarcerated

E-mail Address:

Is the attorney of record admitted to the Court of Federal Claims Bar? Yes No

Nature of Suit Code: 515

Agency Identification Code: 0

Select only one (three digit) nature-of-suit code from the attached sheet.

Number of Claims Involved: 3

Amount Claimed: \$ 10 million

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$

Is plaintiff a small business? Yes No

Was this action proceeded by the filing of a protest before the GAO? Yes No Solicitation No. _____

If yes, was a decision on the merits rendered? Yes No

Income Tax (Partnership) Case:

Identify partnership or partnership group: _____

Takings Case:

Specify Location of Property (city/state): _____

Vaccine Case:

Date of Vaccination: _____

Related case:

Is this case directly related to any pending or previously filed case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCRC 40.2. Yes No

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